

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-040740

STATE FILE NUMBER

Registration District No. 245

Primary Registration District No. 5834

Registrar's No. 148

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 7 1963

1. PLACE OF DEATH

a. COUNTY

Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Diamond

Length of stay in lb
weeks

c. CITY
OR TOWN Diamond

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Rt #1

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
None

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Mattie Leora Carlisle

4. DATE OF DEATH
Month Day Year
Nov. 3, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

1-23-1909

9. AGE (last birthday)

54

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Center, Texas

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Isiah Parker

13b. MOTHER'S MAIDEN NAME

Ida Agnew

14. NAME OF HUSBAND OR WIFE

Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ~~known~~)

known

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Dorthy Smith Diamond, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cachexia + Inanition

INTERVAL BETWEEN
ONSET AND DEATH

2 mo

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized Metastatic Carcinoma

3 mo

DUE TO (c)

Scirrhous Carcinoma Right Breast

10-8-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-8-62 to 11-3-63 and last saw her alive on 9-11-63
Death occurred at 4:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Dr. Dale Agnew MD

22b. ADDRESS

Med Arts Bldg Voplin MO

22c. DATE SIGNED

11-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-14-1963

23c. NAME OF CEMETERY OR CREMATORY

Diamond Cemetery

23d. LOCATION (City, town, or county)

Diamond, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shewmake Funeral Home Diamond, Mo. 11-6-63

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Gaydene Belka

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1 0730
2 0730
3
4 1
5 3
6
7 1
8 2
9 70X
10
11
12 90-0
13 6-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Floyd E. Shumbe J.

Licensed Embalmer No.

4923

P. O. Address

Box 218
Granby Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

64844